NOT YET ENDORSED AS A CORRECT RECORD

Pharmacy Practices Committee (02)
Minutes of a Meeting held on
Thursday 8th February 2008
Woolfson Hall Boardroom, Kelvin Conference Centre, West of Scotland Science Park
2317 Maryhill Road, Glasgow G20 0TH

PRESENT:
Mr Peter Daniels       Vice Chair
Professor J McKie    Lay Member
Mr William Reid       Deputy Lay Member
Dr James Johnson      Non Contractor Pharmacist Member
Mr Colin Fergusson    Deputy Contractor Pharmacist Member

IN ATTENDANCE:
Trish Cawley           Contractor Services Supervisor
Janine Glen            Contracts Manager – Community Pharmacy Development
David Thomson          Lead – Community Pharmacy Development
Elaine Ward            Community Pharmacy Development Pharmacist

Prior to the consideration of business, the Chairperson asked members if they had an interest in any of the applications to be discussed or if they were associated with a person who had a personal interest in the applications to be considered by the Committee.

No declarations of interest were made.

1. APOLOGIES

Apologies were received on behalf of Mr Kenny Irvine.

2. MINUTES

The Minutes of the meeting held on Thursday 10th January 2008 PPC[M]2008/02 were approved as a correct record.

3. ANY OTHER BUSINESS NOT INCLUDED IN AGENDA

None.

Section 1 – Applications Under Regulation 5 (10)
4. APPLICATION FOR INCLUSION IN THE BOARD’S PHARMACEUTICAL LIST

Case No: PPC/INCL26/2007
Sinclair Shops Ltd, 1927 Maryhill Road, Glasgow G20 0BX

The Committee was asked to consider an application submitted by Sinclair Shops Ltd, to provide general pharmaceutical services from premises situated at 1927 Maryhill Road, Glasgow G20.0 under Regulation 5(10) of the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended.

The Committee had to determine whether the granting of the application was necessary or desirable to secure the adequate provision of pharmaceutical services in the neighbourhood in which the applicant’s proposed premises were located.

The Committee, having previously been circulated with all the papers regarding the application from Sinclair Shops Ltd, agreed that the application should be considered by oral hearing.

The hearing was convened under paragraph 2(2) of Schedule 3 to the National Health Service (Pharmaceutical Services) (Scotland) Regulations 1995 as amended (“the Regulations”). In terms of this paragraph, the PPC “shall determine an application in such a manner as it thinks fit”. In terms of Regulation 5(10) of the Regulations, the question for the PPC is whether “the provision of pharmaceutical services at the premises named in the application is necessary or desirable to secure adequate provision of pharmaceutical service in the neighbourhood in which the premises are located by persons whose names are included in the Pharmaceutical List.”

The Applicant was represented in person by Mr David Sinclair (“the Applicant”). The interested parties who had submitted written representations during the consultation period, and who had chosen to attend the oral hearing were Mr Martin Green (Cadder Pharmacy) and Mr Abdul Qayum (Maryhill Pharmacy) assisted by Mr Imran Qayum (“the Interested Parties”).

Prior to the hearing, the Panel had collectively visited the vicinity surrounding the Applicant’s premises, pharmacies, GP surgeries and facilities in the immediate neighbourhood, and the wider area around Cadder, Gilshochill, Summerston and Maryhill.

The procedure adopted by the PPC at the hearing was that the Chair asked the Applicant to make his submission. There followed the opportunity for the Interested Parties and the PPC to ask questions. The Interested Parties would then give their presentations, with the opportunity for the Applicant and PPC to ask questions. The Interested
Parties and the Applicant were then given the opportunity to sum up.

**The Applicant’s Case**

Mr Sinclair commenced his presentation by thanking the Committee for their patience in delaying the start of the meeting to await his arrival. He wished to mention his confusion over the rescheduling of the hearing when he had been advised that the initial date arranged could not be amended to accommodate his availability. The Chair accepted Mr Sinclair’s comments and apologised for any inconvenience the oversight may have caused.

Mr Sinclair advised the Committee that pharmacy in the 21st century was a very different proposition from times past. The profession was rightly moving away from the old prescription factory outlook where volume was king to a modern service based future. This had meant a change in what the public could expect of pharmacy. It was no longer appropriate for the sick, the elderly or those with young children to travel long distances to a GP practice to access care. Nor was it appropriate to travel such distances to visit a cluster of pharmacies surrounding that GP practice or adjacent to a large supermarket. It was with this in mind that Sinclair Shops Ltd applied to open a pharmacy at 1927 Maryhill Road.

Mr Sinclair defined his neighbourhood as Gilshochill, bound as follows:

- **North:** the railway line from Dawsholm Station to Gilshochill Station.
- **East:** Cadder Road south from Gilshochill Station to the canal.
- **South:** the canal west from Cadder Road/Lochburn Road to Dawsholm Station.
- **West:** Where the Anniesland railway line met the canal by Dawsholm Station.

Mr Sinclair advised that it had been quite difficult to establish a population for the neighbourhood. SCROL statistics showed the G20.0 postcode area as 6,600, the bulk of the populated areas of which fell within the Applicant’s neighbourhood. It was therefore likely that the neighbourhood’s population could be 4,500 to 5,000. Mr Sinclair would further argue that although they fell outwith the defined neighbourhood the small population resident around Acre Road (approximately 500 therefore too small to support an individual pharmacy) would find travel to a new pharmacy at 1927 Maryhill Road much easier than visiting existing premises across open fields.

The neighbourhood as defined was completely surrounded by natural boundaries. To the south, west and east are steep hills. To the south the canal delineates a clear change of neighbourhood between
Gilshochill/the Botany area of Maryhill and Maryhill proper. To the north lies the railway line which can only be crossed at two points within the neighbourhood one of which is a fairly intimidating underpass which, particularly at night does very little to encourage access.

This is truly a neighbourhood for all purposes containing more than one railway station, primary school, bank, butchers, grocers/convenience stores, dentist, public houses, supermarket, restaurants and churches. The only facility missing in Mr Sinclair’s opinion was a pharmacy and he believed that such a service could provide the missing link that the neighbourhood needs to spark renewal.

The new pharmacy would provide all the core services required under the pharmacy contract. The Applicant also intended to provide addiction services, oxygen supply and stoma care and would sign up to the Glasgow head lice and stop smoking programmes. If possible, and with the agreement of the health board, the Applicant would provide a needle exchange service as well as emergency hormonal contraception via the existing Levonelle scheme, although it was appreciated that the provision of these services was not a right, but would require Health Board authorisation based on need. These services would be provided from modern premises easily accessible to the patient with good parking if needed. These premises would have both a private consultation room and a fully enclosed consultation area.

Moving on the relative health of the neighbourhood, Mr Sinclair advised that while his defined neighbourhood was part of the political constituency of Maryhill there was likely to be a difference in the health issues between his defined neighbourhood and Maryhill as a whole. He would argue that by looking at the housing stock and level of investment health was likely to be poorer than in the constituency as a whole. Maryhill as a whole had over 42% not in good health comparing to a national average of around 32%. 28.04% suffered long term illness, compared to a Scottish average of 20.31%. The population aged over 60 was in line with the national average.

In G20.0 specifically the picture was fairly bleak. Those suffering from a long term limiting illness was 32% above the national average. Hospital admissions for heat disease and stroke were 16% and 31% above the national average. Disability living allowance claimants was 104% above the national average. It was clear from these figures that the existing primary care network was failing the neighbourhood.

Mr Sinclair advised that there were several pharmacies within the vicinity of the neighbourhood. Only three could be argued to regularly provide services to the neighbourhood currently.

**Maryhill Health Centre Pharmacy** – Presented the same problems as access plus there were concerns about the promptness of the service
provided. Anecdotal evidence showed concerns over waiting times. Mr Sinclair contended that some patients travelled to his pharmacy in Bearsden to access services because of the time taken.

**Lloyds Pharmacy, Maryhill Road** – was an excellent pharmacy. Modern and spacious it had obviously been designed with the patient in mind. However for residents of the Applicant’s defined neighbourhood it entailed a journey on foot involving a very steep hill passing under an ill lit canal bridge which might be considered off putting.

**Maryhill Pharmacy, Summerston** – This pharmacy, while undoubtedly close by, is in a completely different neighbourhood from Gilshochill. This was delineated by the railway line. There really was only one access under the railway to this pharmacy. This underpass did not provide sufficient access and the Applicant referred the Committee to the NAP decision to grant the application by Denis Houlihan at Darnley were a similarly positioned pharmacy (accessed by a bridge under the railway) with regard to the Applicant was determined to be in a separate neighbourhood AND not therefore providing sufficient services to the neighbourhood. Furthermore, once the patient had passed under this bridge then they had to endure passing through the Asda car park which he considered not to be a fun experience.

The Applicant contended that the neighbourhood previously defined as Gilshochill was a distinct neighbourhood separate from Maryhill to the south and Summerston to the North. While there were pharmacies in each of these places providing services to the neighbourhood the health statistics were evidence that the existing network was insufficient. Mr Sinclair therefore contended that a new pharmacy at 1927 Maryhill Road was both necessary and desirable.

**The Interested Parties Question the Applicant**

In response to questioning from Mr Green, the Applicant advised that he had no reason for not including the portion of population to the west of Maryhill Road, which was similar to Gilshochill. He advised that housing was planned for the Botany area, but these were future plans and he was conscious of the advice given by the NAP (National Appeals Panel) around the inclusion of future developments. He contended that as these plans did not have planning permission, they shouldn’t be included in his argument.

In response to further questioning from Mr Green, the Applicant advised that his pharmacy would take in patients from the area surrounded by Sandbank Street and Maryhill Road. He agreed that this area could be defined as Gilshochill. He agreed that his premises were not situated in the area commonly known as Gilshochill, but explained that he had been unable to secure suitable premises within this area. It was his contention that the location of the premise still offered better access in comparison
to existing contractors.

In response to further questioning from Mr Green, the Applicant advised that the main exit route from Gilshochill was past the Orange Hall on Sandbank Street onto Maryhill Road. He agreed that most of the other exit routes were blocked off and that the only other exit was adjacent to the railway line. He contended however that not all patients would access the pharmacy via car. He also agreed that the bus service along Maryhill Road was very regular although he could not say specifically which roads the buses travelled into Gilshochill. He was not aware that all buses going in to the area all led back to Sandbank Street.

In response to further questioning from Mr Green around his definition of the eastern boundary to his neighbourhood, the applicant advised that he could have used the railway but he had looked at the geography of the area and felt that Cadder Road would be more appropriate. He contended that how long it would take a patient to travel to the proposed new pharmacy would depend on the fitness of the patient. He contended that it would be difficult to travel from Gilshochill to Cadder and would be more unlikely if the patient were in poor health.

In response to further questioning from Mr Green, the Applicant clarified that he did not specifically mean pharmacy when he argued that primary care services were failing the area, as there was currently no pharmacy in the defined neighbourhood. He further contended that his pharmacy would help the health status of the area by taking part in health improvement campaigns, bringing this into the community; making contact with local schools and provided more a more accessible service to patients.

In response to further questioning from Mr Green, the Applicant did not agree that there were pharmacies at each of the exit points from the area. He contended that there were community pharmacies in the vicinity but that he had given the reasons why patients in his defined neighbourhood would not access these including the presence of the railway line, the bridge and the steep hill.

There were no questions to the Applicant from Mr I Qayum.

**The PPC Question the Applicant**

In response to questioning from Mr Fergusson, the Applicant advised that he would not necessarily offer different services to those already being offered, but would be able to offer a range of services to the neighbourhood. The health statistics provided during his presentation showed that the population’s health was not being improved even by the services already provided by the other pharmacies.

In response to further questioning from Mr Fergusson, the Applicant
advised that he could not say how often buses travelled along Maryhill Road, but he knew they were very frequent.

In response to questioning from Mr Reid, the Applicant advised that his population statistics were taken from the SCROL data gained from the previous census.

In response to further questioning from Mr Reid, the Applicant confirmed that he had entered into an agreement with the landlord of the premises. He further confirmed that the car park adjacent to the premises was a dedicated facility. The car park was not used frequently at the moment and the chance of there being no spaces in the car park for customers was slim. He further confirmed that residents on the west side of Dawsholm Station would more likely use the pharmacy on Cleveden Road, but those residents on the east side would more likely use the new pharmacy.

In response to questioning from Mr Thomson, the Applicant advised that his population statistics of 4,000 – 5,000 were for his own defined area, but that the serious health statistics related to the area of Maryhill as a whole. He contended that the health of the population in his area was actually worse, but that the areas of affluent housing within the area as a whole actually had the effect of improving the health statistics.

In response to questioning from Professor McKie, the Applicant confirmed that in his view the hill to the east of his proposed premises was steep in some parts. He contended that he would have liked to have secured premises in vicinity but this was not possible. He advised that the high rise flats seen against the skyline from his premises were situated on Sandbank Street, but he disagreed that most of the residents would be more likely to travel south rather than east to his proposed premises.

In response to further questioning from Professor McKie, the Applicant advised that there was no access to Maryhill Road from Drumcruin Street. He further contended that those resident in Skaethorn Street were not within his neighbourhood. When Professor McKie clarified that he was looking to find out if the residents themselves would believe themselves to be part of the neighbourhood in which the premises were situated, the Applicant advised that currently they might not, but in the future once the future developments had been completed they would feel more involved in the neighbourhood. He further advised that the new houses were proposed around Kelvindale in the open area to the right of Dawsholm Park. At present these were tenement style houses, which were due for demolition and redevelopment. The Applicant contended that this would serve to form a bridge between Gilshochill and the other side of the river.

In response to further questioning from Professor McKie, the Applicant
advised that he had not included Summerston in his neighbourhood as he felt it would be stretching the Committee’s patience with such an argument. He did however contend that there would be some housing in this area that would be better served by the new pharmacy.

In response to final questioning from Professor McKie, the Applicant confirmed that there were no primary care services within his defined neighbourhood. He confirmed that he would provide a collection and delivery service from his premises to those both within his neighbourhood and those others using the pharmacy. The service would be available to the elderly. He would not employ a separate driver for this service, opting instead to use his existing driver.

In response to questioning from Dr Johnson, the Applicant confirmed that most of the convenience stores mentioned in his presentation were located on Maryhill Road. He contended that they were thriving businesses as many of the population used them and rarely was any of the seen to be struggling. He agreed that most of the population would use the nearby Asda for their weekly shop and agreed that there was a pharmacy within this vicinity. He contended however that there were a number of well run businesses within the locality of his premises e.g. butchers.

In response to further questioning from Dr Johnson around the past use of the premises, the Applicant confirmed that they were previously an off-license. The applicant contended however that the closure of the premises related more to the demise of the company as a whole and not about the area of Maryhill itself.

In response to final questioning from Dr Johnson, the Applicant advised that to begin with there would be one pharmacist in the pharmacy. This would be reviewed at regular intervals.

In response to questioning from the Chair, the Applicant advised that he would be fairly strong as to who would be able to access the collection and delivery service. The decision to make a delivery was however a commercial consideration.

**The Interested Parties’ Case – Mr Martin Green (Cadder Pharmacy)**

**Mr Green** thanked the Committee for allowing him to put forward his case. He advised that he wished to start his presentation by defining the weakness in the Applicant’s neighbourhood. There was no barrier between Tresta Road and Sandbank Street. He contended that the neighbourhood should be:

West: Maryhill Road.
North: open countryside.
East: Balmore Road.
South: Canal.

In terms of adequacy of pharmacy services there were two pharmacies in the neighbourhood, while the Applicant’s proposed premises was situated outwith the neighbourhood, or if looking to the far west, then only just and it certainly wouldn’t serve the population. Mr Green contended that a pharmacy did not need to be situated within a neighbourhood to provide services to it, and pointed out that just beyond the neighbourhood were a further three community pharmacies all providing services into the area. The exit from Gilshochill came from Sandbank Street to Maryhill Road, close to Lloyds Pharmacy and Maryhill Health Centre. Beyond the railway bridge lay Maryhill Dispensary at Gorstan Street and ad Tresta Road, Cadder Pharmacy. He would contend that the population was well served.

Mr Green advised that the public transport network in the area was frequent and reliable with the number 54 and the number 8 buses operating along Skirsa Street, through Gilshochill, Summerston and Maryhill Road. Buses run every two-five minutes. In addition there was the Asda free bus, which ran every 3-40 minutes.

Mr Green advised that the Applicant would not be providing any additional services to those already being provided already, for example he was not offering extended opening hours. Mr Green further advised that his pharmacy Cadder Pharmacy had been open for less than two year. It was doing fine, however he asserted that the granting of an additional pharmacy contract could jeopardise its viability given that between 25-40% of the business in Cadder Pharmacy came from the Gilshochill area.

Mr Green asserted that a further pharmacy may compromise the services already being provided and that the application was not necessary or desirable.

**The Applicant Questions Mr Green**

In response to questioning from the Applicant, Mr Green confirmed that there were three crossing points to the railway within his defined neighbourhood. In response to the Applicant’s request to describe the crossing at Tresta Road, Mr Green advised that this was via a bridge with a footpath. He did not agree that the tight bend and narrow footpath would cause an impediment.

In response to final questioning from the Applicant, Mr Green advised that he had asked the pharmacist at Cadder Pharmacy to monitor the amount of prescriptions submitted to the pharmacy from patients in the Gilshochill area. This was how he had obtained his statistics.

There were no questions to Mr Green from the other Interested Party.
The PPC Question Mr Green

In response to questioning from Mr Fergusson, Mr Green confirmed that his pharmacy at Skirsa Street had capacity to take on more methadone patients and more compliance aid patients.

In response to questioning from Mr Reid, Mr Green confirmed that around 25-40% of prescriptions submitted to Cadder Pharmacy were from patients in the Gilshochill area. He confirmed that his pharmacy would be seriously affected if these prescriptions were taken away.

In response to questioning from Mr Thomson, Mr Green described the northern boundary of his neighbourhood as being open countryside. In response to Mr Thomson that he be more specific, Mr Green advise that Blackhill Road running west from Balmore Road to the river Kelvin on to Maryhill Road would be sensible as a northern boundary.

In response to further questioning from Mr Thomson, Mr Green confirmed that some prescriptions dispensed at Cadder Pharmacy came from patients living in Summerston. Cadder Pharmacy was situated on a popular bus route and some patients did travel from Summerston into the area.

In response to questioning from Professor McKie, Mr Green agreed that his projected loss of prescription business was quite high and that he would expect to lose most of this business if a further contract was granted.

In response to further questioning from Professor McKie, Mr Green advised that residents east of Sandbank Street would find it easier to continue visiting Cadder Pharmacy despite a further pharmacy being available. He would not presume where those resident on the west of Sandbank Street would be more likely to visit as he felt that pharmacy was about more than the provision of service, but also about relationships. In response to Professor McKie’s suggestion that this would mean Cadder Pharmacy could retain those patients, Mr Green advised that he would not like to put this to the test.

In response to questioning from Dr Johnson, Mr Green advised that he had reviewed his definition of the area since he had made application to open Cadder Pharmacy. This had come through his experience of working in the area since the opening of the pharmacy less than two years ago. He considered it difficult to define the population of the redefined area.

In response to further questioning from Dr Johnson, Mr Green advised that the population density of Gilshochill was high as was the population around Cadder. Summerston had mixed housing
comprising blocks of flats and individual houses. The area around the Applicant’s proposed services had houses of newer stock, some of which were two storeys high, which resulted in a less dense population.

In response to final questioning from Dr Johnson, Mr Green advised that the houses in the Cadder area were being refurbished, with the same happening in the Gilshochill area.

There were no questions to Mr Green from the Chair.

**The Interested Parties’ Case – Mr Iqbal Qayum (Maryhill Pharmacy)**

**Mr Qayum** advised the Committee that he had nothing to add to Mr Green’s submission.

**The Applicant Questions Mr Qayum**

In response to question from the Applicant, Mr Qayum confirmed that his father had previously operated pharmacy premises at 1853 Maryhill Road, approximately 15 years. The company had relocated these premises to Gorstan Street in Summerston.

**The Interested Parties’ Questions Mr Qayum**

In response to questioning from Mr Green, Mr Qayum advised that the complex at Gorstan Street was not merely the site of an Asda store. There were other shops there including a fish and chip shop, a newsagents, an optometrist and a bookmaker. It was not really like an out of town supermarket facility, but rather like a town centre. He agreed that the facility was used by out of towners, and many of them did use the pharmacy.

In response to further questioning from Mr Green, Mr Qayum advised that his pharmacy was not at capacity and they were doing their best to fulfil the requirements of the new contract. He confirmed that he could expand the pharmacy and that the pharmacy had a consultation room, which was used regularly for the Keep Well programme, Head Lice and Smoking Cessation.

**The PPC Question Mr Qayum**

In response to questioning from Mr Fergusson, Mr Qayum confirmed that his pharmacy had capacity to take on more methadone and compliance aid patients.

In response to questioning from Mr Reid, Mr Qayum confirmed that the pharmacy had moved from Maryhill Road to Summerston in response to a new contract application received by the Health Board at the time.
In response to questioning from Mr Thomson, Mr Qayum confirmed that his pharmacy was not open on Sundays. He had given consideration to extending his opening hour, but he felt there was not enough need in the area currently. If demand for such services was identified he would look at opening in the future.

In response to questioning from Professor McKie, Mr Qayum advised that he could not quantify how many prescriptions dispensed from his pharmacy came from the Gilshochill area. He could confirm that many of the prescriptions came from residents around Maryhill Road.

In response to further questioning from Professor McKie, Mr Qayum confirmed that most of the patients travelling to his pharmacies would do so by public transport. He further confirmed that there was parking around his pharmacy on Maryhill road. This was on-street parking, and also in behind Tesco and in Shakespeare Street.

In response to final questioning from Professor McKie, Mr Qayum did not agree with Mr Sinclair that waiting times were long at Maryhill Health Centre Pharmacy. He advised that waiting times were good and that his company had a robust monitoring system in place to ensure that patients were well served. He further confirmed that he provided a collection and delivery service to the Gilshochill, Summerston, and Maryhill areas. He also delivered to some parts of the Kelvindale area.

There were no questions to Mr Qayum from Dr Johnson or the Chair.

**The Interested Parties Sum Up**

**Mr Green** repeated that he considered the Applicant's definition of neighbourhood to be flawed. General Pharmaceutical Services were already being provided to the area by two pharmacies in the neighbourhood and three just outside. There was no inadequacy in the area and he proposed that the application was not necessary or desirable.

**Mr Qayum** advised that he agreed with Mr Green. There was no new neighbourhood as Mr Sinclair had contended and he would not recommend application.

**The Applicant Sums Up**

**Mr Sinclair** asked the Committee to remember the geography of the area. Maryhill Road was only accessible by travelling on a steep hill and then under a dark bridge under the canal. Tresta Road had a steep incline and the railway line was not easy to cross. Summerston was in a different neighbourhood. He contended that the existing
network may be providing a terrific service, but the statistics showed that the health of the population within the area was suffering. Something was not working with the current network. He contended that the premises were situated in a distinct neighbourhood which deserved a pharmacy.

Before the Applicant and the Interested Parties left the hearing, the Chair asked them to confirm that they had had a full and fair hearing. All confirmed that they had.

The PPC was required and did take into account all relevant factors concerning the issue of:-

a) Neighbourhood;

b) Adequacy of existing pharmaceutical services in the neighbourhood and, in particular, whether the provision of pharmaceutical services at the premises named in the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located.

The PPC took into all account all written representations and supporting documents submitted by the Applicant, the Interested Parties and those who were entitled to make representations to the PPC, namely:

a) Pharmacy contractors within the vicinity of the applicant’s premises;

b) The NHS Greater Glasgow & Clyde Area Pharmaceutical (General Practitioner Sub-Committee);

c) The Greater Glasgow & Clyde Area Medical Committee (GP Sub-Committee).

The Committee also considered:-

d) The location of the nearest existing pharmaceutical services;

e) Demographic information regarding post code sectors G12.0, G20.0, G20.9 and G23.5; and

f) NHS Greater Glasgow and Clyde plans for future development of services and

DECISION

Having considered the evidence presented to it, and the PPC’s observation from the site visits, the PPC had to firstly define the neighbourhood in which the premises to which the application related,
were located.

The Committee considered the various neighbourhoods put forward by the Applicant, the Interested Parties and the GP Sub-Committee. Taking all information into consideration, the Committee considered that the neighbourhood should be defined as follows:

North: the area of open countryside from Maryhill Road at the river, taking an imaginary line east across the open ground to Blackhill Road to its meeting with Balmore Road; East: Balmore Road, to the canal at Lochburn Road; South: Lochburn Road, following the Forth and Clyde canal to Skaethorn Street, following the River Kelvin; and West: the River Kelvin north to its meeting with Maryhill Road.

The Committee felt that this was a distinct neighbourhood. The main shopping area for most of the neighbourhood lay at Maryhill Road, or the shopping complex around the Asda store in Summerston. The housing and topography to the west of the neighbourhood was different in that it was less dense and of a different type. There were significant barriers of exiting from the area to the north of Maryhill Road with several of the roads leading on to Maryhill Road being blocked off, restricting exit from the Gilshochill area.

**Adequacy of Existing Provision of Pharmaceutical Services and Necessity or Desirability**

Having reached that decision, the PPC was then required to consider the adequacy of pharmaceutical services in that neighbourhood, and whether the granting of the application was necessary or desirable in order to secure adequate provision of pharmaceutical services in that neighbourhood.

Within the neighbourhood as defined by the PPC there were two existing pharmacies. These pharmacies provided the full range of pharmaceutical services including supervised methadone and domiciliary oxygen. The Committee considered that the level of existing services ensured that satisfactory access to pharmaceutical services existed within the defined neighbourhood. The Committee therefore considered that the existing pharmaceutical services in the neighbourhood were adequate.

The Committee did not feel that the Applicant had demonstrated inadequacy. The Committee agreed that there may be some pockets of the neighbourhood which may find access to existing services less convenient than other areas of the neighbourhood, but the services were provided in the neighbourhood and were adequate. In addition, there were three further pharmacies situated in the main shopping thoroughfare accessed by those in the neighbourhood who would also
provide services into the neighbourhood. The Committee pointed to the excellent public transport service in the area and the ease with which residents moved about the area. The Committee concluded that services in the neighbourhood were adequate and that a further contract was not necessary or desirable.

Having regard to the overall services provided by the existing contractors within the vicinity of the proposed pharmacy, and the number of prescriptions dispensed by those contractors in the preceding 12 months, the committee agreed that the neighbourhood was already adequately served.

In accordance with the statutory procedure the Chemist Contractor Members of the Committee Colin Fergusson and Board Officers were excluded from the decision process:

DECIDED:-

The PPC was satisfied that the provision of pharmaceutical services at the premises of the Applicant was not necessary or desirable in order to secure adequate provision of pharmaceutical services in the neighbourhood in which the premises were located by persons whose names are included in the Pharmaceutical List and in the circumstances, it was the unanimous decision of the PPC that the application be refused.

The Chemist Contractor Members of the Committee Colin Fergusson and Board Officers rejoined the meeting at this stage.

5. MATTERS CONSIDERED BY THE CHAIR SINCE THE DATE OF THE LAST MEETING

The Committee having previously been circulated with Paper 2008/05 noted the contents which gave details of matters considered by the Chair since the date of the last meeting:

Change of Ownership

Case No: PPC/COO1/2008 – A&P MacIntyre Ltd, 213-215 Clarkston Road, Glasgow G44 3DS

The Board had received an application from A&P MacIntyre Ltd for inclusion in the Board’s Pharmaceutical List at a pharmacy previously listed as E F Ure Pharmacy at the address given above. The change of ownership was effective from 31st January 2008.

The Committee was advised that the level of service was not reduced by the change of ownership and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.
Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

6. CHANGE OF OWNERSHIP

The Committee having previously been circulated with Paper 2008/06 noted the contents which gave details of Changes of Ownership which had taken place in the following cases:

Case No: PPC/CO02/2008 – Julie and Peter Venables, 510 Dumbarton Road, Glasgow G11.6
Cast No: PPC/CO03/2008 – Julie and Peter Venables, 1239/43 Dumbarton Road, Glasgow G11.6

The Board had received an application from Julie and Peter Venables inclusion in the Board’s Pharmaceutical List at pharmacies previously listed as Andrew Hand Pharmacy the addresses given above. The change of ownership was effective from 1st March 2008.

The Committee was advised that the level of service was not reduced by the change of ownership and that the new contractor was suitably registered with the Royal Pharmaceutical Society of Great Britain.

Given the above, the Committee agreed that the application could be granted in terms of Regulation 4 of the current Pharmaceutical Regulations.

7. NATIONAL APPEALS PANEL DETERMINATION

The Committee having previously been circulated with paper 2008/07 noted the contents which gave details of the National Appeals Panel’s determination of appeals lodged against the Committee’s decision in the following cases:

Lloydspharmacy Ltd – New Medical Centre, Lonend, Paisley PA1.1 (Case No: PPC/INCL16/2007)

The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC’s decision to refuse Lloydspharmacy’s application to establish a pharmacy at the above address. As such Lloydspharmacy’s name was not included in the Board’s Provisional Pharmaceutical List, and the file on the application had been closed.

Mr Neeraj Salwan – 128 Main Road, Paisley PA1.2 (Case No: PPC/INCL17/2007)
The Committee noted that the National Appeals Panel had dismissed the Appeal submitted against the PPC’s decision to refuse Mr Salwan’s application to establish a pharmacy at the above address. As such Mr Salwan’s name was not included in the Board’s Provisional Pharmaceutical List, and the file on the application had been closed.

8. **ANY OTHER COMPETENT BUSINESS**

The Committee gave further consideration to the question of how an application submitted for 151 Western Road, Cambuslang G72 should be considered. The Committee noted that the Applicant’s had contended within their submission that they had evidence to show that the circumstances within the area had changed significantly since the Committee last considered an application for premises in this area.

After comprehensive discussion, the Committee agreed that the application should be considered by means or an oral hearing.

9. **DATE OF NEXT MEETING**

Scheduled for Friday 22nd February 2008 at 12.30pm. Venue to be confirmed.

The Meeting ended at 4.30p.m.